

# DEPARTMENT OF HEALTH

## REGISTERED COUNSELOR TASK FORCE

August 4, 2006

Labor and Industries  
Tumwater, Washington

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### Meeting Minutes

#### Opening Remarks

Laurie Jenkins opened the meeting at 9:00 AM.

#### Draft recommendations presented and discussed

Per Laurie, we will use everything from all three meetings to help in drafting the recommendations. The facilitator directed the task force that we will not be wordsmithing today while discussing the draft recommendations. We are looking for big holes or problems.

#### *Finding*

**Existing laws regulating registered counselors are inadequate to protect the public and restore public confidence in the profession.**

#### Discussion:

Recommendation later in the meeting for changing slightly to read: Existing laws regulating registered counselors should be modified to protect the public and restore public confidence in the profession.

#### *Recommendation*

*1a. We recommend eliminating the existing registered counselor category and creating three new categories for all current practitioners and future applicants:*

The task force discussed each of the three categories separately.

*1a. Candidate In Training: People who are gaining experience to become a licensed social worker, licensed mental health counselor, or licensed marriage and family therapist obtain an interim permit or interim license created in the licensed counselor law, Chapter 18.225 RCW. They would not register as counselors under Chapter 18.19 RCW. People who are gaining experience to become a certified chemical dependency professional (CDP) obtain an interim permit or interim license created in the CDP law, Chapter 18.205 RCW. They would not register as counselors under Chapter 18.19 RCW.*

#### Discussion

**\*Suggested Change: There needs to be clarification on the time limitation for this credential. There is an implied time limitation, but it needs to be explicit. It should be five years.**

*Recommendation*

*Ib. Agency Affiliated Counselor: Unlicensed people employed by an agency licensed or certified by the State of Washington to provide counseling. Agency counselors work in settings that have quality assurance standards set in law. Current registered counselors would inform the Department of Health of their workplace affiliation. New applicants would also inform the department of their workplace affiliation.*

Discussion:

DSHS will look at whether they will use this category – if this passes they will look at whether this gives added value – whether everyone would need this in addition to DSHS requirements.

Keeping them under the UDA would mean that action taken would follow them to new agencies.

What will the qualifications and training be? This information was provided in the agency WAC handouts at the last meeting.

There was clarification that the agency requirements would not change.

There was also clarification that DOH and DSHS have parallel laws that are equal. Both are state laws so if a conflict were to occur, it would have to be fixed by the Legislature.

I hope there will eventually be standardized titles and requirements.

Is there an equivalent to the UDA for those not registered?

*Recommendation*

*Ic. Unaffiliated Counselor (or private counselor, lay counselor or counseling technician...): Unlicensed people who counsel in private or group practices.*

- i. they would obtain the following education from an accredited college: 3 credits of ethics in counseling, psychology, or social work; 3 credits in counseling theory; 3 credits of human growth and development; and 3 credits of abnormal psychology.*
- ii. They would complete an annual self-assessment and evaluation program, and obtain 20 hours of continuing education.*
- iii. They would have a written consultation agreement with a licensed mental health care provider.*
- iv. Current registered counselors would have three years to meet the new requirements.*

Discussion

The recommendations do not specify whether the 3 credit classes in subsection i are semester or quarter. This needs to be clarified.

Question, c(i) – isn't there a standard for ethics courses? No, there are semester and quarter credits.

**\*Suggested Change: Clarify the standard in the recommendation. Suggest the minimums for Master's program of 3 semester hours or 5 credit hours.**

These are less than minimal for a Master's degree.

Timelines for education – this is a one-time educational requirement, correct? Yes.

We are not even requiring any basic education, such as high school diploma. We should add that.

**\*Suggested Change: We need to clarify the consultation agreement in subsection iii to include how many hours per month. We need a model for them to follow, such as so many contact hours per month.**

The report isn't the final word – just need to get the ideas out there. There will eventually be legislation . This can still be worked on.

There are registered counselors out there who don't believe they provide "therapeutic mental health treatment" and they may have concerns about this particular requirement because they view themselves as doing other kinds of work. They refer when they need to.

It is only a consultation agreement, not supervision. It just means you have someone you can call for consultation when needed – within mental health care. Addressing specifically registered counselors who don't view themselves as providing mental health care, wouldn't it still be helpful for them to have this type of interaction?

Yes. This is true. Licensure just sets the floor. Many will have consultation in addition to what is required, such as with peers. Many people at all licensure levels go above what is required in order to do their best.

We could draft a model consultation agreement in legislation or rule similar to the model disclosure statement.

The earlier interpretation of consultation agreement, where there is no requirement to have consultation on a regular basis, but rather to just have someone to go to when needed is a distinctly different interpretation than I was making. This needs to be clear, maybe even addressed in rule.

Is this enough? It depends what you are trying to achieve. If we see this as a path to licensure, it is fine. But if it is to be a terminal path, (which is what I think we're talking about) where if you keep up these requirements, you can stay in this category indefinitely, it is inadequate.

This does propose that it is a terminal path. They could go forward to licensure but may not.

It seems implicit that DOH will verify these factors for applicants under 1c. This would be a new monitoring process? Is this true? Laurie Jinkins confirmed that DOH would verify them. You would not get the credential without them.

**\*Suggested Change: We must specify whether the coursework is at the AA, BA, or MA level. There is different content in these classes at each level.**

Consultation verses supervision should also be clarified. Can Master's level counselors also remain in this category – if so we'll need a clear scope of practice. The title Private Counselor does not capture what they are doing. Counselor seems like a camp counselor to a lot of people. We need a lot of public education.

This really troubles me. A person with a high school education takes these 4 courses and can work as a private counselor. How can you reconcile high school or BA level counselors having only these few requirements with more highly educated mental health providers. If we do this, we fail to protect the public any more than we are protecting them now. There is a fundamental understanding of what counseling entails. There is such a high risk to the public.

Your position is that if someone is going to be in private practice, they need to be licensed as a mental health counselor, social worker, or marriage and family therapist. There is a complex level of challenge and risk here. We should require licensure in one of the mental health categories for mental health counseling.

Growth treatment is murky water because some sort of mental health is involved. I appreciate the position of current registered counselors. I see a BA requirement.

There is no difference in Washington law between supervision and consultation. The definition needs to be looked at very carefully.

**Suggestion: I see an end to allowing unlicensed people into individual practice. Those already doing it should be allowed to continue, but continuing to credential independent practice registered counselors is not a good idea.**

Arizona and Virginia laws have good wording on time limits.

The word I got from the audience at the last meeting was they are in a different paradigm than we are. They may be more like wellness counselors. Consultation is really important to figure out when to refer the mentally ill on. There should be a requirement, similar to the aids education requirement, on when to report and duty to warn.

**Suggested change: There needs to be a “floor” of basic requirements such as a high school diploma.**

**Suggested change: The name must be sufficiently different that no confusion can exist between the different levels of counselors. It is critical to keep this clear.**

Public education is also addressed in the Governor's directive.

One task force member was confused and asked, Isn't this category for non-mental health providers. The titles are confusing. We should strike the word counselor because the public assumes it means education. Maybe we could use the word "advisor".

MA and PhD degrees, as well as licensure, do not assure public protection.

Pastors and church counselors are expected to counsel their congregations. To expect them to get an MA or higher won't pass the legislature.

If the disclosure statement is provided with education about what it all means and the patient is required to sign it, the public is protected.

**Suggested change: We may consider adding the different categories of counseling to the disclosure statement.**

What does education guarantee? Our data shows that level of education does not necessarily correlate with number of complaints. Some professions with a high level of education have very high numbers of disciplinary cases.

There is no statistical data that shows that counselors with more degrees make better counselors. There does need to be an educational basis such as continuing education and it needs to be better documented. The current honor system for reporting continuing education is not a great idea. Ethics and professionalism classes would be a good idea.

I disagree that those with degrees don't make better counselors than those with no degrees.

From a public perspective, there needs to be a performance standard. Not all courses are the same. There needs to be an assessment of performance standards before someone can start practicing. Substance abuse has clear standards of what someone must be able to do before they can practice.

I would like to clarify something from an earlier conversation. Pastoral counselors are exempt and would remain so under these recommended changes.

**Suggested change: Required classes on risk assessment for homicide, suicide, and self harm.**

Licensure does not guarantee skilled individuals will be practicing.

We haven't gathered data on current **licensed** independent practice individuals compared to **registered** independent practice individuals. This would be comparing apples to apples.

I never got the sense that we've defined the scope of practice for counselors. Where is our conversation going? Do we want a bigger net of people, such as natural helpers?

The current disciplinary system is not a good one. Many doctors are over-prescribing and not having anything done to them. For public protection, we should work on providers in the system that are giving bad treatment.

**Question: I feel there is a general consensus around adding minimum education, but not around if we should have this category C provider. Our report will need to capture the balance.**

**1c needs work – it's not what we want.**

#### *Recommendation*

1. *We recommend defining counseling in Chapter 18.19 RCW so that no one may provide counseling without being credentialed by the Department of Health.<sup>1</sup> A suggested definition is:*

*“Counseling means employing any therapeutic techniques for a fee that offer to assist, or attempt to assist, an individual or individuals in the amelioration or adjustment of mental, emotional, or behavioral problems. Counseling includes using therapeutic techniques to improve a client’s mental health, achieve sensitivity and awareness of self and others and the development of human potential. Counseling does not include vocational counseling, peer counseling, case management activities, human services, administering tests, wellness counseling, or personal or life coaching when the therapeutic techniques defined previously are not used. People who provide counseling must be credentialed by the Department of Health. ”*

#### *Discussion*

**Suggested change: Add residential support as an exception. If we don’t, this could quickly end up” in the kitchen.”**

**Suggested change: Call the 2<sup>nd</sup> part, “supportive services,” and consider this can be separated from counseling.**

Add exception designations such as peer counseling, case management, etc. that are grey areas. It is tough to break out what is not counseling. Can it be broken out truly?

Since there is a licensed category, list the disciplines, such as mental health counselors, marriage and family therapists, etc.

Where counseling begins and ends is murky. There is not bright line.

There is no definition of scope tied to education and training of peer counselors. There should be education, experience, and supervision in any group providing counseling services.

**Suggestion: Peer counseling should be defined and standards should be developed.**

This has already been developed – there is a national evidence-based model for peer counselors that DSHS uses. They also use Georgia’s model. Kelly Foster will share her information with us regarding the curriculum and WAC definitions.

This group is the only area that does not require any experience or education prior to licensure. The scope is very broad, but in the last line says that people who provide counseling must be credentialed is a good thing. This seems to be moving from a title act to a practice act, like many other states have. I think this is a good way to protect the public across the board without messing with all the individual laws.

Also, if we look at this as defining the scope of practice, should we list the exclusions as well as the inclusions? Counseling does not include, a, b, c.

I want to go back to the community mental health peer counselor program, which is approved by the federal government and allows Medicaid to pay for peer counseling. The scope of community mental health peer counselors is defined, as well as treatment plans, oversight, education, supervision, and a rigorous application process that includes experience, that they are “peers”, are in recovery, etc. Experience is different for peers than for clinicians. I need to state clearly that there has been a lot of work through DSHS to get this program set up, and if the exclusion of peer counseling were left out of the definition, and peer counseling were considered to be counseling with registration through DOH were required, there would be a huge outcry from advocates, etc. because it would probably disintegrate our program. This is a national program to move our system to one of recovery rather than therapy that helps people deal with symptoms and stay in the system. Our job is to help people get better and gain meaningful employment. It’s very important that peer counselors stay as you have it written in the recommendations.

Theoretically, even if peer counselors are considered counselors, they would still be “agency affiliated counselors.” But it would be cleaner if you keep it as written.

The “must be credentialed by” does not seem to mesh with 1b. That seems to say that unless you are credentialed by DOH, you cannot do anything that acts or sounds like counseling, so it seems like a contradiction.

Not really, because they would be credentialed under 1b after filling out their application, they would also have to say where they work.

Going back to a discussion at the first task force meeting, where we talked about the state and supervision, I think state systems offer equivalent supervision. I don’t think anyone has a problem with the state supervision system. In some cases, maybe they are more thorough. The definition in the last sentence might need to add an exemption for people in the state system who have that thorough process of their own.

You’d be really surprised how many complaints we get against providers who work in these agencies. One of the reasons for requiring the credential is so we can track what is happening between the facilities.

I agree that we need to track when people get in trouble between the systems. But we don't want the state agencies to "bang into each other."

Should we take peer counselors out of the section that lists exceptions because it is considered counseling?

No, it is not considered counseling and should be left in as an exception. The program as DSHS has it would not be considered counseling as in the definition.

What I heard Laurie and Doug say, as far as the agency affiliated counselors is concerned, is that they would not have to be registered with DOH.

That's true. It would be up to the individual, DSHS or agency to decide whether they require the 1b credential, even though they are an exception in the definition. It is a choice.

Not all peer counselors work in facilities regulated by DSHS. However, many clubhouses are certified by DSHS and require the registered counselor credential. When DSHS re-opens its WAC, there is discussion of adding requirements to the clubhouse.

One thing we need to think about and work on is that sometimes people call themselves something that is an exception in the law so they can operate outside the law - one example is pastoral counselors. We just need to keep this in mind, but also be careful to not set up rules based on this narrow population.

Anyone who doesn't fall under these categories has to be credentialed by DOH. If we don't want to use that system for our case managers, etc... Does the last sentence trump the DSHS rules for peer counselors?

Peer counseling is not applying therapeutic techniques so they do not fall under the definition. However that is not a bright line.

For legislative purposes, you may have a tough time if you don't leave it as written in the draft recommendations.

Here is an example. Pastoral counseling is an absolute exception, no matter what they are doing. That is a possible model to think about.

Adding "professional counseling" to the definition – would that help to distinguish? So then anyone else would have to call themselves "unprofessional counselor." (said as a joke.)

Is professional counselor described somewhere? No. I just thought it might distinguish between counselors who are educated and could be professional counselors and peers.

I don't want to see the word counselor used where it could sway the public to a service that may not be what they want.



To follow up, many states use Licensed Professional Counselor – be cautious of using “professional” because of how it is used in these states.

*Recommendation*

*1d. Grandparenting: No grandparenting because all currently registered counselors would move into one of the three categories above.*

Discussion

Under this model with the three categories, would we need grandparenting?

For 1c, we may have to look at grandparenting if they have an MA (or maybe AA or BA) or above or substitute experience. I don’t know what level it would be. As you are requiring more education, the timeline is going to stretch and when you have someone who has been doing this successfully for 20 years, you may want to think about grandparenting.

Laura Groshong also suggested a grandparenting model.

I applaud the use of grandparenting rather than grandfathering or grandmothering.

I have an issue with someone who has practiced without education and uses that experience in lieu of some of this education. I think education in ethics or crisis counseling are important baselines, and I have concerns with grandparenting without these baselines as if that accounts for that.

*Recommendation*

*3. We recommend adding in RCW 18. 19.060 a statement to the existing disclosure requirements of any disciplinary action taken by the department, other agency, or jurisdiction. We also recommend the Department of Health continue to promote the use of disclosure statements and encourage the use of the department’s web-based resources to identify practitioners and counseling laws.*

Discussion

**Suggested change: I think we should broaden this a bit. The Governor’s directive was about registered counselors, but we should probably think about counseling in general in this piece.**

**Suggested change: A suggestion I heard today was adding the different types of counseling available and to describe them.**

**Suggested change: This addition to the disclosure is a plus. But I think maybe there is an objective way to list the different levels and qualifications that everyone gets in some sort of State of Washington form with standard language. This would be a mandatory piece of the disclosure form.**

Sometimes the disclosures get so long that people quit reading them, so it should be a one-pager. How do you get their attention?

On the Web site, we should figure out a way to drive all inquiries about counseling to a page that discusses these issues. Instead of having to know what topic areas to go to, just direct them automatically to this page.

There is a basic level of information. Are those getting in trouble really providing the disclosure? Does the public know they must receive this? Can we have a public education campaign? I know there are a lot of people who are not aware that they are supposed to get this.

Psychiatric nurse practitioners should be added to the list of counselors on the disclosure list.

Many Washington residents do not have easy access to the Web – I like the public service announcements idea. People could be directed to the Web site from there.

Programs like the shellfish program get special funding for these. Do you think your colleagues would be willing to fund public service announcements as part of the licensing fees? I'm not asking for a commitment – just your feeling.

Social worker renewal fees have been reduced from \$42 to \$10 because of excess funds. I know many who would have been happy to continue to pay the higher fee for this type of service.

DOH should be responsible to educate. It makes more sense to come out of licensing fees rather than associations.

The licensing programs are fee supported – the money is not for public education.

There are some registered counselors who would like to get a higher level of education but cannot afford it. I would like to see an effort to create a break in tuition at colleges for registered counselors who want to enter a Master's program.

I would like to compliment DOH for all its work on this task force. I think the Seattle Times articles were the catalyst for the study, but I'm not sure all the issues in the articles will be addressed in these recommendations. When you try to protect the public you want to try for zero complaints. Trying to come up with a finding, I keep hearing statistically that there may or may not be a problem. I suggest one slight change to the finding. I think "inadequate" is a strong word and should be changed to:

**Suggested change: Existing laws regulating registered counselors should be modified to protect the public and restore public confidence in the profession.**

I think the catalyst was actually earlier than the Seattle Times article, the King 5 report on how easy it is to become a registered counselor, only requiring aids education.

I think the system is inadequate to protect the public and also because it doesn't honor those who have degrees and experience. Most people are practicing within the scope and ethically. The minimum standards are inadequate – even though many go above these standards.

Representative Moeller made a quick statement as he had to leave the meeting (by phone). He stated that he looks forward to meeting everyone as they come forward to testify before the House Health Care Committee on this topic, as he stated he was sure everyone will.

We're taking these recommendations with the comments made by everyone and putting it into a report to the Governor. I want to pre-warn you that you may just have a few days to comment on this new draft.

Representative Moeller asked who would be coming forward with legislation on this topic, department request, Governor request? Laurie Jenkins stated she was not sure who it would be, but that the department will be ready with draft language.

We have 10 extra minutes for audience comments.

## **Audience Comment**

### **Mardi Karr**

One of you addressed what type of manual would be best for registered counselors. Require DSHS DSM 4. They are practically independent and should have it anyway. Provide it as a tool. Require BA, bonding, continuing education. Include grandparenting. It shows negative connotations if you don't. If you don't have grandparenting, you are going to lose so many people who are seasoned and multi-faceted. I disagree with deleting the grandfather clause. And when you look at wellness counseling, such as Jenny Craig, and when you look at obesity, that is definitely counseling. Vocational peer counseling is also counseling. If you look at major corporations, they will tell you that it is counseling. Will DOH provide the continuing education courses you want to require? DOH should help with this.

### **John Lawrence**

I've been counseling for 40 years, beginning in California. I've been a minister in England and worked with students there. This is all being left out. This hardly affects me but nobody here is looking at the long view. Who here knows about the United States Association for Body Psychotherapy? It has a sister organization in Europe. They are all doing counseling and nobody's heard of them. You should look them up on the Web. USABP. It's really important – it's international – it's not about the State of Washington. They have very rigorous ethical standards. I hand out all the stuff you are talking about. I think it's very important. You've been doing a good job but you're missing a whole range of – beyond what you can learn in school – experience. Some people only experience life through school. There's a different side to it. There's also spirituality. That's one of the areas of my work and you cannot control that – it needs to be dealt with.

**Richard Miles**

I'm a pastoral counselor and Buddhist priest. You have a category on your sheet that says achieve sensitivity, awareness of self, and development of human potential. You'll have to throw in meditation teachers, yoga instructors, physical fitness instructors, Jenny Craig instructors, all of the people who do that work. What you need to do is limit what a licensed mental health counselor can do. And let anyone who does not fall under that title just be a business in the state. There is such a wide variety – barbers counsel. Bartenders counsel. If you keep chasing that rabbit down that rabbit hole, it's never going to end. You need to draw a line somewhere and say that anybody who has personal interaction with you that does not fall under what we've defined, are not what we call mental health counselors. They are something else and should be dropped off the list. I know there will be times when some psycho comes into their office and they will say, this guy needs to go somewhere else – or maybe they won't recognize that person. But that happens to all of us under any situation. What this group should focus on is not giving more for the government to do, but find that line where anything under falls off the radar. I'm not speaking for myself because I'm a pastoral counselor.

**Gail McGaffick**

I'm here on behalf of Homecare Association of Washington and the Washington State Hospice and Palliative Care Organization. I want to thank the department for the agency affiliated counselor category.

**Connie Nwaelele**

I think we are driving this to an extreme we shouldn't be. I don't think we should allow anyone to counsel without at least a Bachelor's degree. I have a degree in human resources management. I've worked with residential for the county for 6 years. I have colleagues at work who have their Master's in sociology and psychology. When we get problems with families, students, parents going through divorces, we don't sit down and mediate and bring them together. Just because someone has a Master's degree in social work doesn't mean they can do the job. This is simple. If you don't have a mental health education, you shouldn't deal with mental health issues. You can deal with family conflicts, marriage counselors. I have done family settlements where they don't get divorced because of my experience.

**Dianne Cox**

I appreciate everyone's hard work on this issue. I'm a hypnotherapist and I'm a bit confused - where do hypnotherapists fall into the definition? I help people with very specific issue. Doctors and psychologists refer to me because we have a specific niche of helping people to change habits, such as smoking. I agree there should be basic classes required, even for hypnotherapists. But at this time, I think there should be a grandfather clause for those of us who have been working successfully, working off of referrals. I'd be happy to work on a committee to establish education requirements. But we need to think about where hypnotherapists fall in this definition. I recommend we keep this separate.

**Kate Abbott**

To follow up on what you just said, grandparenting is essential. The quality of care of people who have been doing this successfully for a number of years and have chosen for very specific reasons

not to go down the path to higher credentialing – there is a growth taking place in our field. The people represented on this panel are holding what is the most professionally recognized standard. I'm completely in support of what you are doing to help make things safe for people. I like the idea of having the disclosure statement list options of higher levels of mental health professionals and what their basic education is. It would be a helpful distinction. But I think there is a movement taking place in mental health and psychology in terms of alternative treatment methods that don't fit into traditional mental health therapy – an evolution of consciousness taking place. If we get too tight and limit choice, we will lose something. Grandparenting is very important.

### **Gabriel Martin**

I've been a registered counselor since 2003. There's a lot of misinformation out there about counseling. There are a lot of different health problems that counselors are a valuable asset for. Insomnia treatment is one example of what counselors are equipped to refer for. Financial matters and nutrition also – counselors play an important role here. Also, the credits you want to require should be AA level.

### **Judy Perry**

I'm an educator – received my registered counselor credential in 1991 and at that time the requirement was I take a lot of education from state hospitals and a whole course on HIV aids and video training and testing. From that point on I wondered why we weren't required to do yearly updates to the department on what we were doing. I think there should be a whole different category for us, maybe wellness, peer, a whole different area. I teach in schools about relationships and sexuality. I teach a lot of young people and I counsel them when they need it to make heavy duty choices. If someone were suicidal I would definitely refer. I refer when it is beyond my expertise. But when you put this category at a level where you are looking at higher education being required, you are taking away our ability. And we need to be grandfathered.

### **Madeline Corrado-Dix**

I am very new to counseling. I'm a student at Pierce and am registered and it was part of my criteria when I started the program. It's important that people are protected. I've worked as an in-home health care person and I didn't know about bi-polar diseases, etc. and it scared me. I think it's important that people have to be registered and need the education to deal with the kinds of people they are going to deal with. Thank you for looking at ongoing education. Grandfathering is important, especially in the chemical dependency field.

### **Jean Gayle**

I'm an MSW, CSW, ECSW and have been in practice for 45 years. I'm 81 and some people think I shouldn't be practicing. I wrote to the Seattle Times and to the Governor when I suddenly realized anyone could be a registered therapist. We have a therapist in my area who has mental problems and advertises he can diagnose and cure serious mental health conditions. He advertises at the bottom that he is looking for a woman and there is money involved. That's why I started out about a year ago trying to get some attention to make sure people who are mentally ill, criminals or drug users don't become therapists. The program has been too broad and it needs to be narrowed. I hope you don't get back to the "do gooders" stage where you just let anyone in. I think the public is asking you to define because they are the ones getting fooled.

**Patricia Kay**

I think there's a national tendency to want safety now. We're part of that group as care taking kind of people who want to protect the public. There's an important distinction that needs to be made and that is, who is really mentally ill and there are certain levels of care that I wouldn't be qualified to provide, or even want to provide. I send them to you guys. Can that be the line in the sand, people who are really vulnerable? There's a line where it is human development and growth and self-awareness. Maybe that doesn't need to be so regulated. Just protect the really vulnerable.

**Verne Gibbs**

I'm a registered counselor. I have a master's degree in transforming spirituality and practice spiritual direction. I meet most of the requirements here in my own field. If the definition that is proposed is accepted, and anyone who helps to achieve sensitivity and awareness of self and others and the development of human potential, I wouldn't be able to practice with my qualifications and experience. That's what I address in my practice of spiritual direction. I also do it in a unique way as part of my training so I would not object to having an affiliation agreement with a licensed mental health counselor because I think it would be helpful to me in spotting people with mental health issues. It's also not the case that mental health counselors have the training and expertise to supervise me in the kind of work I do. I have to have a relationship with another type of counselor for this. There is a difference to me in what type of arrangement this is.

**Sharon Duffy**

I think a suggestion would be to change licensed counselor to licensed mental health professional and leave registered counselor as it is. When the public hears counselor, they don't understand the difference between registered and licensed. I don't work in a clinical setting but I work with vocational counseling, child protective services, crisis intervention and stabilization, private counseling, as well as volunteer counseling through my church. I have a Bachelor's degree and I know when to refer to a licensed counselor. A good counselor knows when to refer just as a family doctor knows when to refer to a specialist. Licensed counselors can deal more with clinical issues and it is really therapy verses counseling. That's why there's a difference between licensed and registered counselors, education and experience. I know that and most of the counselors I work with know that. I don't agree with the written consultation with a licensed mental health provider because I don't consult with them about what I do. I know who needs mental health counseling and more clinical intervention. Peer counselors – I disagree with letting them be registered counselors with just a forty week class and their registration where they can potentially open a private practice on their own. I think they should have another registration that's not listed as counselor, that's listed as something separate. I think that's really confusing to the public. And they do deal with mental health and behavior. I agree with grandfathering.

**Renee Miereanu**

I'm one of those outside people you let in. I've been registered under a separate designation as a hypnotherapist for 11 years and choose to also be a registered counselor. I was certified as a master practitioner in 1993. I've had immense training that may not come under the qualifications – I have training as long as your arm. And I continue to educate myself. It's a part of my life to do that. I spoke with Dr. Phil Brown last time I was here. I teach people to stop smoking. I've

been doing that for the 25 years I've been doing my work. I'm also certified with a national board for hypnotherapy since 1991. I spoke with Dr. Brown and asked if he would spend an hour, or 6 hours as I do (not in a row) educating people about smoking. Would you take the time to do that? I quote his answer, and it was "no." There are lots of us that do things you wouldn't do and that's alright. One addition about my livelihood, in high school economics there is supply and demand and this is about barriers and money.

### **Vivian Grice**

I am concerned about the definition. I am an MSW and work in the schools. I don't receive a fee for this. I'm required to work with children with mental health issues and self-awareness. There seems to be some discrimination going on because all of us who are doing so many different things – I think I fall under the new category of agency affiliated counselor.

### **Taylor Danard**

I have a Master's degree in psychology and counseling from Antioch University. I have a national certification. When I applied for my certification, the state denied my credentials for supervision. I decided not to pursue this supervision any longer and got my PhD in psychology. I am a registered counselor and if it were taken away, even with my PhD, I wouldn't be able to practice. I really appreciate this forum to come and talk about being a counselor for 20 years and I'd be very sad if I couldn't do that. I request grandfathering for my own personal reasons. For the others who are in the position of having lots of training and many hours of supervision - I continue to be supervised.

### **Miguel Perez-Gibson**

I'm Doctor Miguel Perez-Gibson. I'm not a real doctor – I have a Master's degree and certification in spiritual direction. I think we live in a complex world with so much specializing. I think the whole licensing issue is so much bigger than the time allotted to this task force. It's much more complex. I don't think trying to regulate these services will solve the problem. The definition of counseling is counter-intuitive. Exempting life coaches, etc. is a good idea – I think it's more of a political decision. Does all counseling need to be regulated? I think we're a long way off from the final recommendations. I appreciate the work you've done. I know for myself as a part-time counselor, I don't think I could get the hours for licensure and I would be out of a job. The process is too condense, too complex, and needs more serious, rigorous examination.

### **Katherine Keir**

One thing the discussion today lacks is acknowledgment of the financial aspect. I respect your position about protecting the public but I'm not hearing the other side about how the public is powerful. People pay out of pocket to see me and refer other people. I'm self-employed and an independent contractor and I don't rely on any agency, any insurance, anything. In some way, I feel that the public acknowledges through money, and validates what we do. If I didn't offer any value, people wouldn't pay me. Also because I'm self-employed, I self-regulate my continuing education. It would cost the state money to police everybody and more tax dollars.

### **Paul Weatherly**

I think it's going to be difficult to define counselors to the public. It would be more valuable to educate people about their rights and options, such as the education of their provider. I think the

disclosure should build some redundancy into it – not only in the form of the disclosure statement. (Made a comparison to mechanic's office having sign listing his rights.)

## **Audience Written Comments**

Who is representing the public?

Will DOH provide these classes to the registered counselors at cost thus allowing the fulfillment of class requirements and CEUs.

Ordained ministers of religion – covered under new rules?

Big picture see U.S.A.B.P.

The American Red Cross uses “Nationally Registered Counselors” when emergencies arise.

1a – It is my understanding that gambling counselors are under a different area than CDP.

1b – What makes DSHS different or state agencies?

1c – Once I have completed my training and get my CDP certificate will I need to still be sending in my Department of Health registration?

1c – I would not have any idea of what I would even need for my own life, if I did not have the educational training I am getting in working to get my CDP certificate. I am for some education in the field.

Do parents need to fall in one of these categories – if they charge adult children for room and board etc.?

Preschool teachers (Head Start) are expected to “counsel” families. Would they be expected to be registered professionals under the new laws? We are giving “wellness” advice for a fee.

In the definition of “counseling”, add “counseling does not include hypnotherapy, vocational...”

#2 Differentiation between mental health problems/illness (who need someone in licensed health



## **Wrap Up and Next Steps**

Laurie Jenkins stated it sounds like we have consensus on one issue, which is grandparenting. I don't know that we have consensus on what it looks like, but that we need it. I also want to comment about the timing and next steps. We will be taking recommendations drafted and looking at task force and audience comments and massaging and altering the recommendations. We will take the new ideas from today and work them into the recommendations. We will have the draft out to everyone in about a week with less than a week to comment back on them.

They will be posted for the public as well.

People have commented on the very short time frame for this report to be completed. It's true that we've been asked to do a lot in a very short time period. There may have been expectations in the beginning that we would have a much more detailed proposal. But what we've gotten is to a place where we can get these issues out to the Governor. And keep in mind that when this report goes out in September, there will likely be a legislative proposal. There will be time before session starts in January for more ideas to come in for legislation. This report is not the final word. During session legislators will have questions as well.

Thank you to all on the task force and in the audience who have attended the meetings and sent in comments. They are appreciated. You will have input on the final report.

Mardi Karr asked from the audience, are there any registered counselors on the task force? Yes, there are two. And asked if the department needs anyone from the public to help out? Stapling, whatever.

We appreciate the offer, but we have staff at the department who can do that. The most important thing for you is to provide your comments on the draft report.

Contact information was given out to the audience members for additional comments.

The audience members shared email addresses so they can correspond about this issue.

A couple of audience members wanted to provide additional comments:

How will the state know what counselors are doing out there if we don't have this registration?

I worry about creating a black market without some sort of list of names of who is doing it. And if we set the bar too high, you will create a black market.

I want to please note that there are no hypnotherapists on the task force. Laurie Jenkins responded that this task force was not directed to make any recommendations on hypnotherapists.

**Meeting adjourned at 12:00 PM**

### **Task Force Members in Attendance:**

Doug Wear  
Karen Langer  
Laura Groshong  
Scott Edwards  
Carl Kester  
Shana Cantoni  
Phil Brown  
Representative Jim Moeller (by phone  
for part of the meeting)  
Kelly Foster  
Dennis Malmer

Ray Harry  
Patricia Cummings  
Ann Christian  
Bob Nicoloff  
Bonnie King  
Pamela Lovinger  
Karen Kelley  
Tracy Hansen  
Laurie Jinkins  
Wendy Fraser (facilitator)

### **Audience Members:**

Marietta Karr  
Richard Miled  
Gail McGaffick  
Tim Jackins  
Dianne Cox  
Lonnie Johns-Brown  
Madeline Corrado-Dix  
Lori Barney  
Dixie Hotaling  
Verne Gibbs  
Paul Weatherly  
Alia Griffing  
Vivan A. Grice  
Taylor Danard

John R. Lawrence  
Kate Abbott  
Jan Curtis  
Connie Nwaelele  
Garbriel Martin  
Judy Perry  
Jean W. Gayleman  
Patricia Kay  
Chris Blake  
Sharon Duffy  
Jacquelyn Ruley  
Renee Miereanu  
Catherine Keir  
Miquel Perez-Gibson